



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

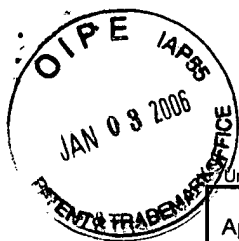
FEE TRANSMITTAL For FY 2005		Complete if Known	
		Application Number	09/920365-Conf. #6748
		Filing Date	August 3, 2001
		First Named Inventor	Michel A. Crepeau
		Examiner Name	S. J. Oh
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	1615	
TOTAL AMOUNT OF PAYMENT	(\$) 2,110.00	Attorney Docket No.	10892-00015-US

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 03-2775 Deposit Account Name: Connolly Bove Lodge & Hutz LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
							<u>Small Entity</u>
Fee Description							Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
Total Claims 26 - 20 = Extra Claims 6 x Fee (\$) 50.00 = Fee Paid (\$) 300.00							
Indep. Claims 2 - 3 = Extra Claims x Fee (\$) = Fee Paid (\$)							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets - 100 = Extra Sheets /50 Number of each additional 50 or fraction thereof (round up to a whole number) x Fee (\$) = Fee Paid (\$)							
4. OTHER FEE(S)							Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1253 Extension for response within third month							1,020.00
1801 Request for continued examination (RCE) (see 37 ...)							790.00

SUBMITTED BY			
Signature	<i>Liza D. Hohenschutz</i>	Registration No. (Attorney/Agent)	33,712
Name (Print/Type)	Liza D. Hohenschutz	Telephone	(302) 658-9141
		Date	December 28, 2005

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
Dated: December 28, 2005	Signature: <i>Liza D. Hohenschutz</i> (Liza D. Hohenschutz)



Application No. (if known): 09/920365

Attorney Docket No.: 10892-00015-US

Certificate of Mailing under 37 CFR 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

MS RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on December 28, 2005
Date


Signature

Liza D. Hohenschutz

Typed or printed name of person signing Certificate

33,712
Registration Number, if applicable

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Three Month Request for Ext. of Time Under 37 CFR 1.136(a) (1 page)
Request for Continued Examination Transmittal (1 page)
Amendment (7 pages)
Fee Transmittal (1 page)
Return Postcard
Charge \$2,110.00 to deposit account 03-2775